

# Survey of the Pandemic Experiences and Effects on Clinicians in Safety Net Practices in 20 States

## Interim Report with early response data

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The *Survey of the Pandemic Experiences and Effects on Clinicians in Safety Net Practices in 20 States* sought input from 4,700 clinicians working in safety net practices in 20 states. These states participate in the *Provider Retention and Information System Management (PRISM)* Program, previously known as the Practice Sights Retention Collaborative. All clinicians currently serve or recently completed (since July 1, 2020) loan repayment or scholarship programs offered by these states or the National Health Service Corps.

This interim report presents data on: (1) how work and jobs for clinicians in safety net practices have changed with the pandemic, (2) how well supported these clinicians have been in their jobs and their current work well-being, and (3) the changes clinicians have experienced in their loan repayment or scholarship program contracts.

The purpose of sharing these early findings in an interim report is so that member organizations of *PRISM* can promptly know how this important healthcare workforce is faring in the pandemic and know how they might best help them through the remainder of the pandemic. A more complete and detailed final report with in-depth analyses will follow this March or April.

This interim report provides simple descriptive analyses of data from the survey's initial respondents for selected questionnaire items. It also compares responses from clinicians of various disciplines, working in various types of practices, and those supported by various groups of support-for-service programs.

## Overview of this report's analyses and limitations

- This interim report presents data for respondents as of December 22, 2020
- It presents analyses only for clinicians of the largest disciplines and most common types of practices. It presents responses for many but not all of the survey's questions.
- To be able provide many details without overwhelming the reader, data are presented in tables, with key findings of each table presented as bulleted points
- Frequency and percentage data are presented for all respondents as a group, and then also broken out for each discipline, type of practice, and support-for-service program group (e.g., state programs, NHSC Loan Repayment Program).
- Statistically significant differences in group response proportions are assessed at the  $p \leq .05$  level. Within tables, findings in the positive direction are highlighted in green and findings in the negative direction are in yellow. Tables are not presented when groups do not differ statistically.

- The end of the report presents an informal sample of the many responses provided to the survey’s open-ended question, “*This space is yours. Please clarify any earlier responses or to tell us anything more about how the COVID-19 pandemic has affected you, your work or practice/clinic.*” Respondents’ comments are grouped by the issue they speak to.
- To rush these interim findings to Collaborative members, the contents of this report were double-checked but not triple-checked, and the text and formatting are somewhat rough. Please forgive any errors!

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## Contents

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Clinicians/Providers included in Interim Report	4
Interim Findings	
Clinicians’ reports of how patients/clients have been adversely affected during the pandemic	5
Changes in clinicians’ jobs during the pandemic	6
Supports made available	8
Perceived sources of stress	11
Sense of being supported by their practice	12
Clinician well-being scores	14
Feeling that “the work I do is meaningful to me”	15
Satisfied with the feeling of accomplishment from job during pandemic	16
Would recommend their current practice/clinic to others	17
Experienced changes in service program contracts	18
Selected open-ended comments grouped by topics mentioned	19

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## Clinicians/Providers included in this Interim Report

### This report includes only responses as of December 22, 2020

- As of December 22, 1,714 clinicians had responded (36%)
- Response rates are higher among those currently serving (41%) than for those who have completed contracts (30%)
- Response rates are highest for those currently serving in states' own programs (50%)

	# surveyed	Responded as of Dec 22 <sup>nd</sup>		
		Currently serving	Completed service	Combined
State programs	836	51%	44%	50%
NHSC LRP and comm. LRP	3,361	36%	30%	32%
NHSC Scholarship	253	39%	27%	36%
NHSC SUD	313	40%	---	40%
Overall	4,763	41% (n=1,020)	30% (n=693)	36% (n=1,713)

### This report only includes clinicians in largest disciplines and types of practices

- 1,460 clinicians are included in these analyses (253 clinicians are omitted from the least common disciplines and least common types of practices)
- Most clinicians in this report work in FQHCs/CHCs. Nurse practitioners are the most numerous discipline, followed by physicians and dentists

Discipline	FQHC/ CHC	IHS or tribal	Mental health facility	"Other" office- based	Correc- tional facility	Rural health clinic	Total
Dentist	149	27	0	33	1	2	212
Nurse practitioner	236	34	19	38	4	39	370
Physician assistant	111	6	0	17	1	36	171
Physician	159	33	13	46	1	29	281
Psychologist	30	4	10	14	13	1	72
Clinical social worker	94	12	49	19	2	5	181
Licensed Professional Counselor	47	27	70	26	3	0	173
Total	826	143	161	193	25	112	1,460

## Interim Findings

### A. Clinicians’ reports of patients/clients being adversely affected during the pandemic

Survey Question: “How many of your practice/clinic's patients or clients have been adversely affected during the pandemic period in the following areas? (your best estimate)”

Responses options: “few or none,” “about one-quarter,” “about half” and “most or all”

- Overall, at least half of patients/clients were reported to be adversely affected (a) in their mental health and financial situations by three-quarters of clinicians, (b) in their physical health by half of clinicians, and (c) in their use of alcohol and drugs by one-third of clinicians.
- Across types of practices, adverse effects for half or more of patients:
  - were most often reported for physical health by clinicians working in correctional facilities (see table)
  - were most often reported for mental health by clinicians working in mental health and correctional facilities and least often reported by clinicians in “other office-based” practices
  - were least often reported for use of alcohol/drugs by clinicians working in Rural Health Centers and “other office-based” practices
  - were most often reported for financial situations by clinicians working in FQHCs/CHCs and least often reported by clinicians in correctional facilities

	% clinicians reporting half, most or all patients affected *						
	FQHC/CHC	IHS or tribal site	Mental health facility	“Other” office-based	Prison	RHC	Overall
Physical health	54%	54%	34%	34%	83%	43%	49%
Mental health	83%	83%	90%	73%	92%	78%	82%
Use of alcohol/drugs	35%	46%	50%	19%	40%	14%	34%
Financial situations	82%	75%	75%	66%	14%	66%	76%

\* vs. “few or none” or “about one-quarter”

## B. Changes in clinicians’ jobs during the pandemic

Survey Question: “Compared to your work in 2019, in any four-week or longer period during the pandemic:”

Response options: “yes” or “no”

- Two-thirds of clinicians experienced more than a 50% reduction in in-office patient/client visits
- Not quite half experienced some kind of change in the location of their work
- Fewer than 20% clinicians reported reductions in work hours, salary or benefits
- Fewer than one-in-ten clinicians were furloughed, and only 2% were permanently laid off
- Clinicians of specific disciplines and working in specific types of sites varied greatly in how likely their jobs changed in volume, location, hours, salary/benefits and furloughs.
- Dentists experienced the most striking changes in their jobs: 85% saw reductions in office visits by more than half; 53% had practice locations altered; 42% had reduced paid work hours; 33% were furloughed; and 5% were permanently laid off

	Overall percentage “yes”	Highest rate groups	Lowest rate groups
... daily in-office patient/client visits decreased by more than 50%	65%	Dentist (85%) Physician (69%) IHS/tribal site (70%)	Prison (36%)
... confined the location of work to one site, expanded it to a new site, or moved it to a different site	41%	Dentist (53%) Clinical social worker (50%) Mental health facilities (52%) IHS/tribal site (48%)	Physician Assistant (32%) Rural Health Clinic (21%) “Other office-based site” (28%)
... paid daily work hours reduced	14%	Dentist (42%) “Other office-based site” (27%)	IHS/tribal site (7%) Mental health facility (8%)
... salary or benefits reduced	17%	Dentist (34%) Psychologist (28%) Correctional facility (52%) “Other office-based site” (32%) Rural Health Clinic (22%)	Licensed Prof Counselor (9%) Clinical social worker (11%) Mental health facility (8%) IHS/tribal site (9%)
... temporarily laid off (furloughed)	8%	Dentist (33%) “Other office-based site” (12%) FQHC/CHC (10%)	Physician (2%) Physician Assistant (2%) Clinical social worker (3%)
... permanently laid off	2%	Dentist (5%)	Psychologist (0%)

**Survey Question:** *“Has any practice/clinic where you worked during the pandemic closed entirely for 4 weeks or longer?”*

Response options: “no,” “yes, but it has now reopened or likely will,” and “yes, and is likely permanently closed”

- Overall, 14.1% of clinicians reported that their practice closed for at least four weeks, and 1.6% reported their practices closed permanently
- Across types of practices: no differences in percentages of practice temporary or permanent closures (data not shown)
- Across NHSC and state service program groups: no differences in percentages of practice temporary or permanent closures (data not shown)
- Across disciplines: dentists’ practices most often closed temporarily (38%) and permanently (3%) (see table)

	Practice temporarily closed	Practice permanently closed
Dentist	38%	3%
Licensed professional counselor	9%	2%
Nurse practitioner	11%	1%
Physician	9%	1%
Physician assistant	8%	1%
Psychologist	10%	1%
Clinical Social Worker	13%	2%
Overall	14%	2%

## Supports made available

**Survey Question:** “During the pandemic, were the following supports made available to you by your practice/clinic or by its broader health care organization?”

Response options: “yes,” “no” and “don’t know.” “Don’t know” responses omitted from these analyses.

- For all clinicians and types of support overall, free COVID testing (69%) was the most widely available support made available followed by the option to work at least partially from home (55%). Fewest clinicians were provided with assistance with childcare and its costs (14%) and free medical care if they became infected with COVID (21%). (see table)
- Across NHSC and state service program groups: no differences in percentages of practice temporary or permanent closures (data not shown)

	% clinicians reporting that each type of support is available
Free COVID testing	69%
Free medical care for staff infected with COVID	21%
Option to work at least partially from home	55%
Resources needed to work from home, like computer or broadband connection	47%
Option to move to low-risk work area for those in a high-risk group for complications from COVID	44%
Expanded assistance with childcare or its costs	14%
Stress management program or resources	49%

(continued)



- Dentists were least likely to have the option to work even partially at home or move to a low-risk area if they are in a high-risk group if infected for COVID, or be given the resources needed to work at home
- The medical disciplines (nurse practitioner, physician, physician assistant) were most likely to have free COVID testing made available, relative to dentists and behavioral health disciplines
- Behavioral health disciplines (psychologist, licensed professional counselor, clinical social worker) were most likely to have the option to work from home or move to a low-risk area if they are in a high-risk group if infected with COVID, but least likely to have free medical care available if infected with COVID

	% clinicians in each type of practice reporting each support is available							
	Dentist	Nurse pract.	Physician	Physician assistant	Psychol.	Licensed profess. Counsel.	Clinical social worker	Overall
Free COVID testing	68%	75%	75%	74%	52%	62%	60%	69%
Free medical care for staff infected with COVID	24%	25%	29%	20%	9%	12%	14%	21%
Option to work at least partially from home	21%	51%	52%	47%	85%	82%	76%	55%
Resources needed to work from home, like computer or broadband connection	23%	48%	45%	35%	67%	64%	65%	47%
Option to move to low-risk work area for those in a high-risk group for complications from COVID	18%	38%	48%	43%	59%	62%	57%	44%
Expanded assistance with childcare or its costs	14%	17%	13%	12%	13%	10%	15%	14%
Stress management program or resources	49%	47%	58%	44%	55%	43%	49%	49%

(continued)

- Among practice types, more clinicians working in IHS/tribal sites had the various types of support available to them (see table)
- Among practice types, clinicians working in Rural Health Clinics least often had the various types of support available
- Among practice types, clinicians working in mental health facilities were most often allowed to adjust their work locations—to home or lower risk area—but least likely to have free COVID screening or free medical care if infected

	% clinicians in each type of practice reporting each support is available *						
	FQHC/ CHC	IHS or tribal site	Mental health facility	“Other” office- based	Prison	RHC	Overall
Free COVID testing	74%	89%	43%	51%	80%	74%	69%
Free medical care for staff infected with COVID	23%	32%	5%	19%	18%	27%	21%
Option to work at least partially from home	55%	54%	87%	48%	32%	21%	55%
Resources needed to work from home, like computer or broadband connection	50%	38%	69%	41%	32%	21%	47%
Option to move to low-risk work area for those in a high-risk group for complications from COVID	42%	53%	62%	41%	36%	26%	44%
Expanded assistance with childcare or its costs	16%	14%	9%	13%	11%	12%	14%
Stress management program or resources	49%	67%	52%	38%	50%	41%	49%

## Perceived sources of stress

Survey Question: “During the pandemic, how much stress have you had from:”

Response options “no or minimal stress,” “moderate stress” or “severe stress.” Analyses combine “moderate” and “severe stress” responses.

- “The national elections and politics” was the most often reported moderate or severe stressor for these clinicians (82%), followed by the issues raised in the Black Lives Matter movement (54%) (see table)
- Nearly half (46%) of these clinicians reported moderate or severe stress from meeting their children’s needs. The rate among just those who are parents will be higher since clinicians without children are counted as having “no or minimal stress. ” (see table)
- Across disciplines: dentists most often reported stress from the possibility or actually losing their job (62%) and personal finances (60%) (see table)

	% clinicians reporting “moderate” or “severe” stress		
	Overall percentage	Highest rate groups	Lowest rate groups
. . . the possibility or actually losing job	37%	Dentist (62%) FQHC/CHC (39%) “Other office-based site” (39%)	Prison (24%) Rural Health Clinic (26%)
. . . personal finances	44%	Dentist (60%) Clinical social worker (54%) Licensed professional counselor (51%) Psychologist (50%) Correctional facility (64%) “Other office-based site” (54%)	Physician (25%) Physician assistant (30%) IHS/tribal site (34%) Rural Health Clinic (35%)
. . . meeting children’s needs *	46%	Psychologist (58%) Physician (52%) Nurse practitioner (51%) NHSC SUD (64%)	Dentist (37%) Physician assistant (37%) NHSC Schol. Program (28%)
. . . the issues raised by the Black Lives Matter movement	54%	FQHC/CHC (59%)	Rural Health Clinic (37%) “Other office-based site” (46%) IHS/tribal site (48%)
. . . the national elections and politics	82%	Clinical social worker (90%) Psychologist (88%)	---

\* those without children were instructed to respond “no or minimal stress”

## Sense of being supported by their practice

Survey Question: “*During the pandemic, my practice clinic:*”

1. *has done everything within its power to protect my health*
2. *has really cared about my well-being*
3. *has appreciated my contributions*
4. *has created a high degree of trust in the organization among its employees*
5. *has done everything within its power to help me provide high quality care in difficult circumstances*

Response options for each question: “strongly disagree (1),” “disagree (2),” “neither agree nor disagree (3),” “agree (4),” “strongly agree (5)”

For analyses, responses to these five questions are combined into a single scale of “feeling supported.”  
Scale Alpha = .941 (very strong);  $F=122.27$  ( $p<.001$ ).

- For clinicians overall, the mean feeling supported scale value was 3.58 (mid-way between “neither agree nor disagree” and “agree”).
- Across NHSC and state service program groups: no differences in mean feeling supported scale values (data not shown)
- Across disciplines: physicians as a group feel most supported by their practices (3.74) and psychologists (3.41) and clinical social workers (3.45) feel least supported (see table)

	Average “feeling supported” scale value
Dentist	3.64
Licensed professional counselor	3.63
Nurse practitioner	3.49
Physician	3.74
Physician assistant	3.56
Psychologist	3.41
Clinical Social Worker	3.45
Overall	3.58

(continued)

- Across types of practices: clinicians working in “other office-based practices” as a group feel most supported (3.88). Clinicians working in correctional facilities feel least supported (2.94). (see table)

	Average “feeling supported” scale value
FQHC or Community Health Center	3.49
Indian Health Service or Tribal Site	3.64
Mental Health Facility	3.63
Other Office Based Clinic or Site	3.88
Correctional facility	2.94
Rural Health Clinic	3.66
Overall	3.58

## Clinician Well-Being Scores

- The 7-item clinician well-being scale<sup>1</sup> is widely used and well validated for many disciplines. It captures a clinician’s anxious and depressed moods, burnout in work, fatigue, and feeling of being overwhelmed. Scores of 4 to 7 are known to be associated with depression, low mental quality of life, suicidal ideation, career dissatisfaction and intent to leave one’s practice
- Overall, 45% of clinicians/providers scored low on well-being
- Across NHSC and state service programs: no differences in low well-being rates (data not shown)
- Across types of practices: clinicians in RHC’s and “other” office-based site least often scored low on well-being (see table)

	Well-being score of 4 or more (low well-being)
FQHC or CHC	48%
IHS or tribal site	49%
Mental health facility	43%
“other” office-based site	34%
Correctional facility	56%
Rural Health Clinic	36%
Overall	45%

- Across disciplines: physicians were least likely to score low on well-being. (see table)

	Well-being score of 4 or more (low well-being)
Dentist	41%
Licensed professional counselor	49%
Nurse practitioner	47%
Physician	38%
Physician assistant	44%
Psychologist	51%
Clinical Social Worker	51%
Overall	45%

<sup>1</sup> Dyrbye LN, et al. A Pragmatic Approach for Organizations to Measure Health Care Professional Well-Being. *Perspectives*. National Academy of Medicine. October 1, 2018.

## Feeling that “the work I do is meaningful to me”

Survey Question: “During the past month, the work I do is meaningful to me.”

For analyses, response options are collapsed to *agree* (“very strongly agree,” “strongly agree and “agree”) versus *do not agree* (“very strongly disagree,” strongly disagree,” “disagree” and “neither agree nor disagree”)

- Overall, 85% of clinicians and providers reported that work was meaningful to them during the past month
- Across disciplines: no differences in percentages who find work meaningful (data not shown)
- Across NHSC and state service program groups: no differences in percentages who find work meaningful (data not shown)
- Across types of practices: greater percentages of clinicians/providers working in “other office-based sites,” Rural Health Clinics, and mental health facilities found work meaningful in the past month, and those working in correctional facilities least often found work meaningful (see table)

	% agreeing that work is meaningful
FQHC or CHC	84%
IHS or tribal site	81%
Mental health facility	87%
“Other” office-based site	91%
Correctional facility	68%
Rural Health Clinic	89%
Overall	85%

## Satisfied with the feeling of accomplishment from job during pandemic

Survey Question: “How satisfied are you with the feeling of accomplishment you have had from your job during the pandemic?”

Response options “not satisfied (1),” “somewhat satisfied (2),” “satisfied (3),” “very satisfied (4)” and “extremely satisfied (5)” with the numeric values shown

- Overall, clinicians averaged just somewhat above the “satisfied” level (3.1) in their sense of accomplishment in their jobs during the pandemic
- Across disciplines: no differences in mean level of satisfaction with feeling of accomplishment (data not shown)
- Across NHSC and state service program groups: no differences in mean level of satisfaction with feeling of accomplishment (data not shown)
- Across types of practices: clinicians working in correctional facilities and IHS/tribal sites were least satisfied in their feeling of accomplishment from their job (see table)

	Mean satisfaction level feeling of accomplishment from job
FQHC or CHC	3.11
IHS or tribal site	2.98
Mental health facility	3.24
“Other” office-based site	3.41
Correctional facility	2.72
Rural Health Clinic	3.27
Overall	3.16



## Would recommend their current practice/clinic to others of their discipline

Survey Question: “Would you recommend your current principal practice or clinic to other practitioners of your discipline?”

Analyses combine responses “definitely yes” and “probably yes” (vs. “50/50, unsure,” “probably not” and “definitely not”)

- Overall, 74% of clinicians would recommend<sup>2</sup> their practice to others of their discipline
- Across disciplines: no differences in likelihood of recommending their practice to others (data not shown)
- Across types of practices: clinicians working in correctional facilities least often would recommend their practices to others—a third would not (see table)

	Would recommend their practice to others
FQHC or CHC	70%
IHS or tribal site	80%
Mental health facility	75%
“Other” office-based site	87%
Correctional facility	64%
Rural Health Clinic	78%
Overall	74%

- Across NHSC and state service program groups: participants of the NHSC SUD are most likely to recommend their practice to others (see table)

	Would recommend their practice to others
State programs	78%
NHSC LRP and Rural Comm. LRP	72%
NHSC Scholarship	70%
NHSC SUD	86%
Overall	74%

<sup>2</sup> Combines responses “definitely yes” and “probably yes” vs. “50/50, unsure,” “probably not” and “definitely not”

## Experienced changes in their service program contract

Survey Question: “Because of the pandemic and its disruptions to patient/client care, was your [Service Program] contract:”

Response options: “yes” or “no”

- Overall, 19% of clinicians reported one or more changes in their service program contracts
- The most frequently reported change within all programs was an extension of the contract end-date (15%)
- Very few clinicians reported that their contracts were permanently suspended or changed to part-time
- Compared to participants of NHSC programs, fewer participants of state programs reported each or any of the types of contract changes (see table)
- (differences among clinicians across the disciplines and different types of practice settings were not assessed)

	% reporting contract changes				
	State programs	NHSC LRP and Comm LRP	NHSC Scholarship	NHSC SUD	Combined
End-date extended	3%	18%	18%	11%	15%
Changed from full-time to part-time	0.3%	1%	2%	2%	1%
Officially relocated to new site	1%	4%	3%	3%	4%
Temporarily suspended	1%	6%	4%	5%	5%
Permanently suspended early	0%	0.4%	0%	0%	0.3%
Another type of contract change	2%	7%	5%	3%	6%
Experienced at least one contract change	7%	23%	21%	15%	19%

## Selected open-ended comments grouped by topic mentioned

Survey Question: *“This space is yours. Please clarify any earlier responses or to tell us anything more about how the COVID-19 pandemic has affected you, your work or practice/clinic.”*

- 40% of respondents provided comments, which is a high rate for an open-ended question of this type and appearing at the end of a fairly long survey. Many responses were lengthy, personal and moving.
- A non-systematic sample of comments is presented below, roughly grouped by topic mentioned.

### Topic: The general challenges of the pandemic

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I feel that I am going home to the family after seeing COVID patient's or presymptomatic/asymptomatic patients and exposing them to risk. I want to take care of my patients as much as I can at the same time I am worried about my exhaustion and lack of sleep, anxiety and signs of depression. It feels like the pandemic has been damaging humankind longer than it should in this country.

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Bringing COVID home to my family

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being furloughed, having to take vacation and sick leave because my child couldn't go to school, myself getting covid-19 and being concerned myself or others in the family were in jeopardy of dying from covid.

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COVID 19 pandemic has changed every aspect of my life. My children are homeschooled, I am working so much I am unable to help until late in the evening into the night. My elementary school girls are up all night unable to get to school on time or unable to stay awake in class for their tests and rigid classwork. At work, I push myself to get up exhausted from the day before, rush into work, help clinical staff with patient care, unable to leave until after 7pm most nights. . . . It has been an extremely challenging year financially as well. Increased child care costs, electric, food, water has depleted my savings and I am concerned about not being able to keep up on my bill's such as mortgage.

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Honestly my biggest stress is the time this has taken on my children and children in my community. School closures, education gaps and limited socialization is a disaster and I see it's affects on our community daily. The stress of working away from home and paying insane amounts for child care for my school age children has been a significant personal stressor. The day to day concern that school will close at this point is a serious stressor.

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### Topic: Mental health effects on the clinician

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Had to go back on anxiety/depression medication, but we solider on!

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I am worried about an entire generation of burned out, exhausted doctors, and their mass exodus from the field

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I am currently seeking my own mental health support so that this pandemic does not change me permanently. The secondary trauma stories are immeasurable, but I have maintained enough to work and be a decent mother.

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Thanks for asking

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I have felt intense anxiety, lack of sleep, depression. I was started on antidepressants. My partner has had to stay home to homeschool our 3 children which has created significant financial stress. It has been demoralizing to watch the pandemic become politicized. But I have never felt unsupported by my place of work.

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I have not received any support from management regarding my personal health, safety, or wellbeing. We have been denied every accommodation proposed including: schedule changes and telework. We have not only been denied changes in our program, we are often asked to see more patients, and are asked to cover multiple areas which expose us to more patients and more staff during an outbreak. I did end up contracting COVID, . . . I genuinely feel like my health and wellbeing is not a priority, and our management cares more about our "numbers" and running our mental health program like a business than the wellbeing of their staff and patients.

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Feeling depressed and irritable due to social isolation and stress.

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Emotionally draining!

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Every appointment with a patient result in talking about covid issues. It is exhausting!!!

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## Topic: Employers are not caring or supportive of clinicians

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I don't feel valued. I feel like my safety is treated as an inconvenience. I'm exhausted and overworked . . . The fact that this pandemic is no where near done exhausts me.

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Clinic administration continued to pressure us to see more patients to gain productivities despite of the risk of being exposed to the virus.

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COVID-19 has affected my family and I in juggling work with our Children's virtual learning. My employer has only been concerned with their productivity numbers and not the stress we as parents are facing with our children's education.

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I love the work I do; am a dedicated [clinician]; but am not superwoman. I'm vocal about management's expectations to take on more and more clients and while self-care is talked about, in reality there's no down time.

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My direct supervisor has been so supportive, but there's only so much she can do since we work in the prison system. I feel the leadership in [State] corrections department in regard to COVID-19 has been really horrible and left us nurses on the floor feeling unsafe. It's been an unsettling experience to work in a maximum security prison and be most afraid of the correctional officers rather than the inmates when it comes to COVID-19. Before the pandemic, I truly enjoyed my job and working with this population. It feels sad that my correctional officer workers have changed that for me and made me feel that when this [LRP] contract is over, I may want to leave this job and go be a nurse somewhere else

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## Topic: Employers are caring and handling the pandemic and clinicians well

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I am happy to serve during this historical time. My clinic truly has been indispensable for my community. Stressful times like this shows who has true leadership skills and I am happy to be working now with a strong admin team with the rare exception

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Our practice did a great job handling the pandemic and addressed all the added stresses and precautions well. They did a great job communicating clinical procedures and guidelines as there were updates and changes from the CDC. We were able to remain open for limited exams and emergency care during the pandemic and while our state had shutdowns.

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[Employer] is a FANTASTIC organization. I am blessed to serve with them. They are set up to enable Providers to be successful and provide what is necessary for their success

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I believe our clinic has done relatively well to balance staying open, flexibility in seeing patients any way we can, and staying financially solvent. It has not been fun but we have all been in the trenches together.

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## Topic: Stresses and costs of participation in loan repayment/scholarship program

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Covid-19 has impacted my life in so many ways. I lost all my benefits, laid off, extended contract once again, money problems. Its a very hard and stressful situation. I am still waiting for my location to start up again with my position which seems to be getting closer. I am worried since the temporary suspension is only for 1 year max and this worries me. Dental careers is limited at some locations and relocating will put another burden on me. This is a situation that no one has control over and I just wish some of the requirements for the loan repayment would be more understandable to its participants.

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Due to Covid exposure, I was unable to complete my [Program] contract. I will now have to complete last 5 days at a new site. I will need to complete in new year, as my mom passed away as well.

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My [State Program] participation has not changed as far as I know. I have not been informed of any changes. However, my student loans were suspended, meaning that I was not required to make payments through the end of the year.

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Got laid off. Can not find work at another FQHC substance treatment facility. Need to repay back [LRP Program] loan. Single parent. Not available to my child. Anxious and depressed

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I feel penalized by the forced hours reduction at my site. They cut all staff and provider hours by 10% for 6 months. This greatly impacted my income and resulted in the extension of my service period. I would like the [Program] to consider waiving an extension of service dates for factors like this that are out of participants control.

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I have appreciated the loan repayment program, but I do not know if I will re-apply as the amount of stress it puts on me if I can not fulfill my contract and had to pay back the grant with an astronomical amount of interest is too much stress to bear when I am already in so much debt from student loans.

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The pandemic has greatly impacted my ability to complete my [Program] LRP contract in the timeframe that I anticipated. I was permanently laid off, forced to identify a new site, be approved for a transfer, and am now serving my commitment longer due to circumstances that were beyond my control.

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The stress of possibly not being able to complete my loan service commitment was very tough when I was furloughed. The little bit of money I got is not worth the stress I endured!

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## Topic: Interference and harm of politics and disinformation

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i am working harder than i ever have for an angry ungrateful public, with little to no thanks. medicine seriously must address and defeat the misinformation spread, anti-vaxxers, raw milk advocates, etc. if we want to continue to survive as a population. this pandemic has given me serious concerns about the ignorance, lack of education, lack of scientific understanding, and violent propensities of the average American.

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Frustration with working so hard as a healthcare professional every single day to treat COVID positive patients and seeing how little effort our community is making to stop the spread including not wearing masks in the store despite adequate mandates to wear masks while in public spaces.

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At first, I felt empowered and proud to be a nurse during a global pandemic. I felt like this is what I was educated for and was ready for...to care for those vulnerable and in need. Nurses were praised for being heroes in the beginning...thanked for their service... Then this pandemic kept going... politics got involved... and all the sudden us nurses (at least where I work) were labeled as "radical left" or "liberals" if we advocated that this pandemic be taken seriously and proper measures be taken to ensure the protection of those in our care. We were made fun of for wearing proper PPE then yelled at when protecting our supply of PPE when support staff wanted to use it unnecessarily. Being a nurse quickly turned into one of the most stressful jobs I've ever had. I was pregnant most of this year so that was an added stress. Working in an environment where mask wearing has not been enforced, it was difficult to see people I thought cared about my well being and safety turn and tell me I'm being brainwashed by my government for being COVID is real.

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AT first I felt like we were all in this together but as the politics deteriorated, it's hard to keep going while I see everyone around me denying the pandemic, not wearing masks, etc. Even worse when the president says doctors are making it up for money. That's the real toll. I don't know if I trust my patients/community as much as before

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